



The Commonwealth of Massachusetts
Division of Health Professions Licensure
Board of Registration in Dentistry
239 Causeway Street, 5th Floor
Boston, MA 02114
(617)727-9928

APPLICATION TO REACTIVATE DENTAL/DENTAL HYGIENE LICENSE

This is an application to reinstate your Massachusetts dental or dental hygiene license. **ALL APPLICATIONS ARE REVIEWED THE FIRST WEDNESDAY OF EACH MONTH.** Please include the following with your completed application:

1. Resume or practice history
2. Documentation of continuing education taken within the past two years. A total of 40 CEU's for dentists and 20 CEU's for dental hygienists.
3. A letter of verification of good standing from all states in which you have been licensed.
4. Upon notification of reactivation acceptance a renewal form will be sent to you. Complete form and send required fee. Dentists should make a check payable to the Commonwealth of Massachusetts for \$297.00. This is a license fee of \$240.00 and a \$57.00 late fee. A dental hygienist must send \$97.00 a check for \$40.00 licensing fee and \$57.00 late fee.
5. Data Bank Self Query: To perform a self query please contact the National Practitioner Data Bank at 1-800-767-6732 or at **www.npdb.com**. We need the original report form that you will receive from the NPDB so be sure to make a copy for your records. Send the original with this application. **(DENTISTS ONLY).**

Name: _____ Soc. Sec. Number _____

Address: _____

Phone #: Day _____ Evening _____

MA Dental/Dental Hygiene License # _____

MA State Drug License # _____

DEA # _____

Practice History: (attach resume or practice history)

Currently practicing: _____ Yes _____ No

If yes: State _____
License Number _____

If no: Year last practiced _____

School attended: _____ Year graduated _____

Continuing Education History

Last year continuing education done: _____

Attach copies of verifications with this application.

Other state licenses: Yes _____
No _____

Discipline History

Pending or disciplinary action taken by another State Board:

Yes _____ No _____

If yes, in which states: _____

Lost hospital/DEA privileges: (Dentists Only)

Yes _____ No _____